MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO.  10/57/836  APPLICANT(S)				FILING DATE		
	- <u></u>	(FOR US	SE WITH	FORM	PTO-875	·	LAIMS	CANT(S)	<del></del> .			•		
	AS FILED		AFTER 1"AMENDMENT		AFTER 2 = AMENDMENT			AS FILED		AFTER		AFTER  2 MAMENDMENT		
<u></u>	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DÉP.	IND.	DEP	
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IND. TOTAL DEP.		<u> </u>		_		*	IND. TOTAL	<u> </u>	*		*		<b>4</b>	
TOTAL CLAIMS	5				E S	<b>7-</b>	DEP. TOTAL	ŧ	<b>7</b>		7	I.S.	<del> </del>	
		*******		(1)			CLAIMS		S. DEPART	MENT of CO	MMERCE			
FITO - 1360	(REV. 11/04)								stent and Tre					